		EXPENSE CLAIM	ructions a ent On Re				Page of Pages								
STD. 262 (REV. 6-93c) CLAIMANT'S NAME R. Steven Tharratt								OYEE NUME	BER*	DEPARTMENT EMS Authority					
OSITIO				CB/ID	No.	D	IVISION or	BUREAU			1		INDEX NUI	MBER	
Director RESIDENCE ADDRESS* CITY STATE ZIP CODE El Dorado Hills CA 95672								•	,						
								rers addre Street	SS	TELEPHONE NU					
								Street		(916) 32 STATE ZIP C					
								ito		CA		95811			
2) WERE INCURRE		(3)	(4)	(5)	MEALS		(6)	(7)		TRANSPORTAT	ON		(8)	(9)	
		WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		BUSINESS EXPENSE	TOTAL EXPENSE FOR DAY	
3/4	5:30	El Dorado Hills to Sac Airport to Washington, DC		6.00	10.00	18.00			PC/T		12	6.80		40.8	
3/5		Renaissance, Washington, DC	239.31				6.00	#80 ddd: 47 c.076 (75 - 1874 7)						245.3	
3/6	2200	Return to Sac - Drive to El Dorado Hills		6.00	10.00	18.00	6.00		T/PC		12	6.80		46.8	
														0.0	
														0.0	
														0.0	
										A. Analysis and Property and Pr				0.	
1.5														0.0	
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orando se relacio e per								\$ · · · ·						0.0	
	Angle of the second													0.	
1														0.0	
0)		SUBTOTALS	239.31	12.00	20.00	36.00	12.00	0.00		0.00	25	13.60	0.00	332.	
COL		CODE (ACCTG. USE ONLY)												332.9	
		CLAIM TOTAL									T			~~~	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) To attend and speak at the 3rd National Emergency Management Summit in Washington, D.C.											(12) NORMAL WORK HOURS 8-5 (13) PRIVATE VEHICLE LICENSE NUMBER				
											(14) MILEAGE RATE CLAIMED				
											AGENCY ACCOUNTING OFFICE USE ONLY				
											PAID B		SE ONLY IG FUND CHE	ECK NUMB	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.											1				
CLAIMANT'S SIGNATURE			DATE				SNATURE C	F OFFICER	APPROVI	PAYMEN	NT D.	ATE			
3)						ZQ.									

TRA	VEL E	FORNIA – PERSONNEL ADMINISTRAT EXPENSE CLAIM	ION				and *Priv				D	-6	Page			
STD. 262 (REV. 6-93c) CLAIMANT'S NAME							SSN or EMPL		BER*	Page of Pages DEPARTMENT						
		Γharratt									EMS	4				
POSITIO		MASSA AND AND AND AND AND AND AND AND AND AN		CB/ID	No.		DIVISION or	BUREAU					INDEX NU	MBER		
Dire		DD500 +					HEADQUAR1	EBS ADDRE					TELEPHOL	NE NUMBER		
KESIDE	NCE AD	DRESS *		1930 9th		.00	(916) 32									
CITY STATE ZIP CODE CITY											STATE		ZIP CODE			
El Dorado Hills CA 95672								Sacramento					95811			
1) MONT	H/YEAR	(3)	(4)	(5)	MEALS	,	(6)	(7)		TRANSPORTAT	ION		(8)	(9)		
Mar 2009		LOCATION WHERE EXPENSES		BREAK-		O.T., L/T N/C, RELO	O. INCIDEN-	(A) COST OF	(B) TYPE	(C) CARFARE,	(D) PRIVATE CAR USE		BUSINESS	TOTAL		
2) DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES AMOUNT		EXPENSE	FOR DAY		
3/23	1600	Sacramento to Los Angeles	125.47			18.00	0		PC	9.00	12	6.80		159.2		
3/24			125.47	6.00	10.00	18.00	0 6.00			9.00				174.4		
3/25	1700	Return to El Dorado Hills		6.00	8.00	18.00	0 6.00	, ,	PC	9.00	42	22.96		69.96		
						444				Marie Nation Private		34,477		0.00		
														0.0		
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125													- Lordon	, kuwégi		
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											7	Audin coll / Coll		0.0		
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-														0.0		
10)														0.0		
001		SUBTOTALS	250.94	12.00	18.00	54.0	0 12.00	0.00		27.00	54	29.76	0.00	403.7		
COL		CODE (ACCTG. USE ONLY) CLAIM TOTAL											1	403.7		
											T (42) N	DDMAL MOE	DK HOUBS			
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) To attend and participate in the EMS Commission/EMDAC/EMSAAC meetings held in Los Angeles.										(12) NORMAL WORK HOURS 8-5						
To a	ttend a	and participate in the EMS	Commiss	ion/EML	JAC/EM	SAACT	neetings	neid in L	os An	getes.		RIVATE VEH	ICLE LICENS	E NUMBER		
											1 ' '	(14) MILEAGE RATE CLAIMED .55 AGENCY ACCOUNTING OFFICE USE ONLY				
											PAID B		SE ONLY IG FUND CHE	ECK NUMBE		
	of Califor	Y CERTIFY That the above is a true stat nia. If a privately owned vehicle was us or greater than the rate claimed, and th	and if mile	aana ratae av	reped the mir	nimi im rate	I certify that if	ne cost ot obe	arating to	e venicie was	1					
F	pertaining	or greater than the rate claimed, and tr g to vehicle safety and seat belt usage. GNATURE	iat i nave mei	DATE	понь аз рге					ING TRAVEL AND	PAYMEN	NT D	ATE			
Ø					<u> </u>	B										
(17) SP	ECIAL E	XPENSE AUTHORIZATION - SIGNATU	RE and TITLE	(See Item 1)	7 on reverse)							D	ATE			